

Foster Family Home - Corrective Action Report

Provider ID: 1-200077

Home Name: Judy H. Canlas, CNA

Review ID: 1-200077-1

94-534 Hakea Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/14/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/14/21.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No 1st year APS/CAN and fingerprints for CG #2 and CG #3.


Compliance Manager


Primary Care Giver


Date


Date